

Please type a plus sign (+) inside this box → ☐

PTO/SB/01 (12-97)
Approved for use through 9/30/00. OMB 0651-0032
Patent and Trademark Office, U.S. DEPARTMENT OF COMMERCE
Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

| | | |
|---|-------------------------------|--------------------|
| DECLARATION FOR UTILITY OR DESIGN PATENT APPLICATION (37 CFR 1.63) <input type="checkbox"/> Declaration Submitted with Initial Filing OR <input checked="" type="checkbox"/> Declaration Submitted after Initial Filing (surcharge (37 CFR 1.16 (e)) required) | Attorney Docket Number | GRLK-003 |
| | First Named Inventor | Iikubo, Yuichi |
| | COMPLETE IF KNOWN | |
| | Application Number | 09/966,158 |
| | Filing Date | September 28, 2001 |
| | Group Art Unit | 1764 |
| Examiner Name | | |

As a below named inventor, I hereby declare that:

My residence, post office address, and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

MATERIALS AND METHODS FOR THE PRODUCTION AND PURIFICATION OF CHLOROFLUOROCARBONS AND HYDROFLUOROCARBONS

the specification of which
☐ is attached hereto
OR
☒ was filed on (MM/DD/YYYY) **09/28/2001** as United States Application Number or PCT International

Application Number **09/966,158** and was amended on (MM/DD/YYYY) (if applicable).

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56.

I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or 356(b) of any foreign application(s) for patent or inventor's certificate, or 356(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate, or of any PCT international application having a filing date before that of the application on which priority is claimed.

| Prior Foreign Application Number(s) | Country | Foreign Filing Date (MM/DD/YYYY) | Priority Not Claimed | Certified Copy Attached? | |
|-------------------------------------|---------|----------------------------------|--------------------------|--------------------------|--------------------------|
| | | | | YES | NO |
| | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

☐ Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.

I hereby claim the benefit under 35 U.S.C. 119(e) of any United States provisional application(s) listed below.

| Application Number(s) | Filing Date (MM/DD/YYYY) |
|-----------------------|--------------------------|
| | |

☐ Additional provisional application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.

[Page 1 of 2]

Burden Hour Statement: This form is estimated to take 0.4 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

E 979978444

Please type a plus sign (+) inside this box → ☐

PTO/SB/01 (12-97)
Approved for use through 9/30/00. OMB 0651-0032
Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE
Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

DECLARATION — Utility or Design Patent Application

I hereby claim the benefit under 35 U.S.C. 120 of any United States application(s), or 365(c) of any PCT international application designating the United States of America, listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States or PCT International application in the manner provided by the first paragraph of 35 U.S.C. 112, I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56 which became available between the filing date of the prior application and the national or PCT international filing date of this application.

| U.S. Parent Application or PCT Parent Number | Parent Filing Date (MM/DD/YYYY) | Parent Patent Number (if applicable) |
|--|---------------------------------|--------------------------------------|
| | | |

☐ Additional U.S. or PCT international application numbers are listed on a supplemental priority data sheet PTO/SB/02C attached hereto.

As a named inventor, I hereby appoint the following registered practitioner(s) to prosecute this application and to transact all business in the Patent and Trademark Office connected therewith: ☐ Customer Number OR

☒ Registered practitioner(s) name/registration number listed below

Place Customer
Number Bar Code
Label here

| Name | Registration Number | Name | Registration Number |
|-----------------|---------------------|----------------------|---------------------|
| Robert C. Hyta | 46,791 | Rozell Williams, Jr. | 44,403 |
| Michael D. Beck | 32,722 | Eric J. Groen | 32,230 |
| Deborah R. Beck | 37,370 | Kevin R. Erdman | 33,687 |

☒ Additional registered practitioner(s) named on supplemental Registered Practitioner Information sheet PTO/SB/02C attached hereto.

Direct all correspondence to: ☐ Customer Number OR ☒ Correspondence address below


| | | | | | |
|---------|---------------------------------|-----------|--------------|-----|--------------|
| Name | Robert C. Hyta, Baker & Daniels | | | | |
| Address | 300 N. Meridian Street | | | | |
| Address | Suite 2700 | | | | |
| City | Indianapolis | State | IN | ZIP | 46204 |
| Country | US | Telephone | 317-569-9600 | Fax | 317-569-4800 |

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

Name of Sole or First Inventor: ☐ A petition has been filed for this unsigned inventor

| Given Name (first and middle (if any)) | Family Name or Surname |
|--|------------------------|
|--|------------------------|

| | |
|--------|--------|
| Yuichi | Iikubo |
|--------|--------|

| | | | |
|----------------------|--|------|--------------|
| Inventor's Signature |  | Date | Oct 17, 2001 |
|----------------------|--|------|--------------|

| | | | | | | | |
|-----------------|----------------|-------|----|---------|----|-------------|-------|
| Residence: City | West Lafayette | State | IN | Country | US | Citizenship | Japan |
|-----------------|----------------|-------|----|---------|----|-------------|-------|

| | | | | | |
|---------------------|--------------------|--|--|--|--|
| Post Office Address | 2825 Barlow Street | | | | |
|---------------------|--------------------|--|--|--|--|

| | | | | | |
|---------------------|--|--|--|--|--|
| Post Office Address | | | | | |
|---------------------|--|--|--|--|--|

| | | | | | | | |
|------|----------------|-------|----|-----|-------|---------|----|
| City | West Lafayette | State | IN | ZIP | 47906 | Country | US |
|------|----------------|-------|----|-----|-------|---------|----|



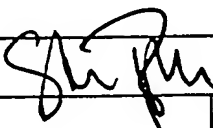
☒ Additional inventors are being named on the 3 supplemental Additional Inventor(s) sheet(s) PTO/SB/02A attached hereto

Please type a plus sign (+) inside this box → +

PTO/SB/02A (3-97)
Approved for use through 9/30/98. OMB 0651-0032
Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

| | |
|--------------------|---|
| DECLARATION | ADDITIONAL INVENTOR(S) Supplemental Sheet Page <u>1</u> of <u>3</u> |
|--------------------|---|

| | | | | | | | |
|--|---|-------|----|---|--------------|-------------|----|
| Name of Additional Joint Inventor, if any: | | | | <input type="checkbox"/> A petition has been filed for this unsigned inventor | | | |
| Given Name (first and middle [if any]) | | | | Family Name or Surname | | | |
| Stephen | | | | Owens | | | |
| Inventor's Signature |  | | | Date | Nov 14, 01 | | |
| Residence: City | White Pine | State | TN | Country | US | Citizenship | US |
| Post Office Address | | | | | | | |
| Post Office Address | 327 Deer Creek Trail | | | | | | |
| City | White Pine | State | TN | ZIP | 37890 | Country | US |
| Name of Additional Joint Inventor, if any: | | | | <input type="checkbox"/> A petition has been filed for this unsigned inventor | | | |
| Given Name (first and middle [if any]) | | | | Family Name or Surname | | | |
| Mitchel | | | | Cohn | | | |
| Inventor's Signature |  | | | Date | Oct 18, 01 | | |
| Residence: City | West Lafayette | State | IN | Country | US | Citizenship | US |
| Post Office Address | 3029 Courthouse, Apt. 2B | | | | | | |
| Post Office Address | | | | | | | |
| City | West Lafayette | State | IN | ZIP | 47906 | Country | US |
| Name of Additional Joint Inventor, if any: | | | | <input type="checkbox"/> A petition has been filed for this unsigned inventor | | | |
| Given Name (first and middle [if any]) | | | | Family Name or Surname | | | |
| Stephan M. | | | | Brandstadter | | | |
| Inventor's Signature |  | | | Date | Oct 18, 2001 | | |
| Residence: City | Indianapolis | State | IN | Country | US | Citizenship | US |
| Post Office Address | 3946 N. Washington Blvd. | | | | | | |
| Post Office Address | | | | | | | |
| City | Indianapolis | State | IN | ZIP | 46205 | Country | US |

Burden Hour Statement: This form is estimated to take 0.4 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

Please type a plus sign (+) inside this box → +

PTO/SB/02A (3-97)
Approved for use through 9/30/98. OMB 0651-0032
Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

| | |
|--------------------|--|
| DECLARATION | ADDITIONAL INVENTOR(S) Supplemental Sheet Page <u>2</u> of <u>3</u> |
|--------------------|--|

| | | | | | | | |
|--|-------------------------|-------|----|---|---------------|---------|-------------|
| Name of Additional Joint Inventor, if any: | | | | <input type="checkbox"/> A petition has been filed for this unsigned inventor | | | |
| Given Name (first and middle [if any]) | | | | Family Name or Surname | | | |
| Vicki E. | | | | Hedrick | | | |
| Inventor's Signature | <i>Vicki E. Hedrick</i> | | | Date | Oct. 17, 2001 | | |
| Residence: City | Brookston | State | IN | Country | US | | Citizenship |
| Post Office Address 9262 S. 300 E | | | | | | | |
| Post Office Address | | | | | | | |
| City | Brookston | State | IN | ZIP | 47923 | Country | US |
| Name of Additional Joint Inventor, if any: | | | | <input type="checkbox"/> A petition has been filed for this unsigned inventor | | | |
| Given Name (first and middle [if any]) | | | | Family Name or Surname | | | |
| Janet K. | | | | Boggs | | | |
| Inventor's Signature | <i>Janet K Boggs</i> | | | Date | Oct. 17, 2001 | | |
| Residence: City | Brownsburg | State | IN | Country | US | | Citizenship |
| Post Office Address 6922 N 900 E | | | | | | | |
| Post Office Address | | | | | | | |
| City | Brownsburg | State | IN | ZIP | 46112 | Country | US |
| Name of Additional Joint Inventor, if any: | | | | <input type="checkbox"/> A petition has been filed for this unsigned inventor | | | |
| Given Name (first and middle [if any]) | | | | Family Name or Surname | | | |
| John | | | | Qian | | | |
| Inventor's Signature | <i>John Qian</i> | | | Date | Oct. 17, 2001 | | |
| Residence: City | West Lafayette | State | IN | Country | US | | Citizenship |
| Post Office Address 3384 Peppermill Drive, Apt. 1D | | | | | | | |
| Post Office Address | | | | | | | |
| City | West Lafayette | State | IN | ZIP | 47906 | Country | US |

Burden Hour Statement: This form is estimated to take 0.4 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

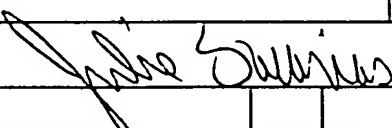
Please type a plus sign (+) inside this box → +

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

PTO/SB/02A (3-97)
Approved for use through 9/30/98. OMB 0651-0032
Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

DECLARATION

ADDITIONAL INVENTOR(S)
Supplemental Sheet
Page 3 of 3

| | | | | | | | | |
|---|--|---|-------|---|---------|-------|--------------|----|
| Name of Additional Joint Inventor, if any: | | | | <input type="checkbox"/> A petition has been filed for this unsigned inventor | | | | |
| Given Name (first and middle [if any]) | | | | Family Name or Surname | | | | |
| Julie | | | | Sacarias | | | | |
| Inventor's Signature | |  | | | Date | | Oct 22, 2001 | |
| Residence: City | | El Dorado | State | AR | Country | US | Citizenship | US |
| Post Office Address | | 908 W. 7th Street | | | | | | |
| Post Office Address | | | | | | | | |
| City | | El Dorado | State | AR | ZIP | 71730 | Country | US |
| Name of Additional Joint Inventor, if any: | | | | <input type="checkbox"/> A petition has been filed for this unsigned inventor | | | | |
| Given Name (first and middle [if any]) | | | | Family Name or Surname | | | | |
| | | | | | | | | |
| Inventor's Signature | | | | | Date | | | |
| Residence: City | | | State | | Country | | Citizenship | |
| Post Office Address | | | | | | | | |
| Post Office Address | | | | | | | | |
| City | | | State | | ZIP | | Country | |
| Name of Additional Joint Inventor, if any: | | | | <input type="checkbox"/> A petition has been filed for this unsigned inventor | | | | |
| Given Name (first and middle [if any]) | | | | Family Name or Surname | | | | |
| | | | | | | | | |
| Inventor's Signature | | | | | Date | | | |
| Residence: City | | | State | | Country | | Citizenship | |
| Post Office Address | | | | | | | | |
| Post Office Address | | | | | | | | |
| City | | | State | | ZIP | | Country | |

Burden Hour Statement: This form is estimated to take 0.4 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Patent Application Serial No.09/966,158
Filing Date9/28/2001
InventorYuichi Iikubo, et al.
AssigneePCBU Services, Inc.
Group Art Unit1621
ExaminerUnknown
Attorney's Docket No.PC3-010
Title: Materials and Methods for the Production and Purification of
Chlorofluorocarbons and Hydrofluorocarbons

**POWER OF ATTORNEY BY ASSIGNEE AND
CERTIFICATE BY ASSIGNEE UNDER 37 CFR § 3.73(b)**

To: Assistant Commissioner for Patents
Washington, D.C. 20231

Sir:

PCBU SERVICES, INC., the Assignee of the entire right, title and interest in the
above-identified patent application, hereby revokes all powers of attorney previously given,
and appoints the attorneys and agents of the firm of WELLS ST. JOHN P.S., listed as
follows:

| | |
|---------------------|-----------------|
| David P. Roberts | Reg. No. 23,032 |
| Randy A. Gregory | Reg. No. 30,386 |
| Mark S. Matkin | Reg. No. 32,268 |
| Deepak Malhotra | Reg. No. 33,560 |
| Mark W. Hendricksen | Reg. No. 32,356 |
| David G. Latwesen | Reg. No. 38,533 |
| George G. Grigel | Reg. No. 31,166 |
| Keith D. Grzelak | Reg. No. 37,144 |
| James D. Shaurette | Reg. No. 39,833 |
| D. Brent Kenady | Reg. No. 40,045 |
| James E. Lake | Reg. No. 44,854 |
| Jennifer J. Taylor | Reg. No. 48,711 |
| Robert C. Hyta | Reg. No. 46,791 |

E 979978444

EV085426919

The Assignee certifies that the above-identified Assignment has been reviewed and to the best of Assignee's knowledge and belief, title is in the Assignee, and the Assignment was recorded in the U.S. Patent Office on January 23, 2002 at Reel/Frame No. 012510/0903.

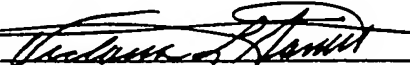
Please direct all correspondence regarding this application to:

Customer No. 021567
Wells St. John P.S.
Attn: David G. Latwesen, Ph.D.
601 West First Avenue, Suite 1300
Spokane, WA 99201-3828

Telephone: (509) 624-4276
Facsimile: (509) 838-3424

PCBU SERVICES, INC.

Dated: 2/10/2003

By: 
Name: Victoria Garrett
Title: Treasurer and Assistant Secretary
PCBU Services, Inc.